INSTRUCTIONS FOR AUTHORS

Public Health Action (PHA), an official Journal of the International Union Against Tuberculosis and Lung Disease (The Union), is an open access, online journal. It publishes:

1 Original articles on public health services issues in vulnerable and resource-limited communities, including policy, practice, systems, quality assurance / quality improvement, economics, equity, ethics and access to services;

2 General reviews on these issues.

PHA can be accessed electronically free of charge on Ingenta at http://www.ingentaconnect.com/journals/browse/iuatld/pha or via the Union website http://www.theunion.org/what-we-do/journals/pha

SUBMISSION OF ARTICLES

Articles are submitted online via Manuscript Central http://mc.manuscriptcentral.com/pha. Instructions are given on the site.

All other correspondence, such as suggestions for review articles, should be sent directly to: PHA Editorial Office, The Union, 68 boulevard Saint-Michel, 75006 Paris, FRANCE, e-mail: pha@theunion.org

Simultaneous submission of a manuscript to more than one journal will automatically result in rejection by PHA.

Each manuscript will be examined by a scientific editor and two selected referees. Notification of acceptance or rejection will be sent within 1 month from date of receipt. If a revised version is requested, it should be returned to the Editor no later than 1 month after notification. A delayed revised article will be treated as a new manuscript.

The Editor reserves the right to make editorial and literary corrections.

Any opinions expressed or policies advocated do not necessarily reflect those of The Union.

AUTHORSHIP

All work must have been approved by all co-authors prior to submission.

Authorship credit should be based on the following criteria: 1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; 2) drafting the article or revising it critically for intellectual content; and 3) final approval of the version to be published.

The author list should include at least one author from the country in which the research was performed.

Multicentre groups: When a multicentre group has conducted the study, all individuals who accept direct responsibility for the manuscript should be identified. When submitting a group author manuscript, the corresponding author should clearly identify all individual authors, as well as the group name.

PREPARATION OF MANUSCRIPTS

Manuscripts should conform to the Uniform Requirements for Manuscripts submitted to Biomedical Journals (http://www.icmje.org/index.html). Authors may find the AuthorAID website a useful resource (http://www.authoraid.info).

Authors should ensure that they have followed the relevant recommendations for reporting their findings (CONSORT, STARD, MOOSE, STROBE, PRISMA, STREGA). In particular they will find the Reporting guidelines for implementation and operational research (http://www.who.int/bulletin/volumes/84/1/15-167585.pdf) of practical value in improving the quality both of their research and of their articles.

Articles on clinical research should conform to the principles outlined by the World Medical Assembly Helsinki Declaration (http://www.wma.net/en/30publications/10policies/b3/index.html).

Details of ethics review and approval (or a statement as to why it was judged not to be required) should be provided in the Methods section of all research studies submitted to the Journal.

All studies involving human subjects should provide clear details of informed consent.

Stigmatising language: Authors are advised to avoid terms that may be perceived to be stigmatising, such as ‘TB suspect’. Authors can refer to the following publications: Zachariah R, Harries A D, Srinath S, et al., Language in tuberculosis services: can we change to patient-centred terminology and stop the paradigm of blaming the patients? Int J Tuberc Lung Dis 2012; 16: 714–717. (http://www.ingentaconnect.com/content/iuatld/jitld/2012/0000-0016/00000006/art00003) and the STOP TB Partnership Language Guide (http://www.stoptb.org/assets/documents/resources/publications/acsm/LanguageGuide_ForWeb20131110.pdf).

Data quality: Articles must include a clear statement on how data quality was assured, satisfying Good Clinical Practice (i.e., double entry and validation or demonstration of extended plausibility checks, no acceptance of data entered directly into a rectangular file), in order to be considered for publication in PHA.

The emphasis of the Journal is on health systems/services (operational) research. The focus of the critical review is primarily on the scientific methods described in the submission. Any submission assessed as not having a high level of scientific quality will not be considered for publication in the Journal.

Any manuscript without a clear objective, question or hypothesis (without any comparison made) will be published only if there is a compelling rationale to justify its publication.

Conflicts of interest: PHA requires all authors to declare potential conflicts of interest. To this end, authors of accepted articles are requested to fill out and submit the ICMJE Uniform Disclosure Form for Potential Conflicts of Interest to provide information about other interests that could influence how readers receive and understand the authors’ work. This can be accessed via the Manuscript Central site and on the PHA website.

FORMAT

PHA is published in English (US/UK), with summaries in French. The article should have 1.5 or double spacing and continuous line numbering, and, on separate numbered pages:

Title page: This should contain: 1) a concise, informative title of not more than 110 characters and spaces, without abbreviations; 2) the names and all affiliations of all contributing authors, clearly indicating who is linked to each institution; 3) a running head of not more than 45 letters and spaces; 4) a word count of the text, excluding summary, references, tables and figures; 5) 3–5 keywords not included in the title.

Summary: An informative structured abstract of not more than 200 words should be provided that can be understood without reference to the text (see Ann Intern Med 1990; 113: 69–76). For optimal clarity, the author should use the headings Setting, Objective, Design, Results, Conclusion. Abstracts will be translated into the two other languages on acceptance for publication (authors are welcome to provide translations). Unstructured summaries may be submitted for review articles (250 words), Notes from the Field, Technical Notes and Short Communications (100 words).

Text: Headings should be appropriate to the nature of the article. Normally only two categories of heading are used. Major headings should be typed in capital letters. Minor headings can be typewritten in lower case letters (starting with a capital letter) at the left-hand margin. The subtitles should not be numbered either with figures or alphabetically.
Figures should be referred to consecutively in the text. They can be inserted into the Word document (after the tables) or uploaded separately as image files (.jpg, .ppt, .gif, .tif or .bmp).

**Line drawings** (curves, diagrams, histograms) should be in black and white, with solid black lines. For optimal clarity avoid shading. The size of the symbols and lettering should be in scale with the figure. A sans serif font, such as Arial, should be used and be of uniform size. All figures should be the same point size. All text should be in black, not greyscale font.

**Half-tone figures** should be clear and highly contrasted in black and white. X-ray films should bring out the detail to be illustrated with the area of importance clearly indicated. These should be supplied at a resolution of at least 300 dpi.

**Techniques** should be defined.

**Legend:** Every Figure should have a brief explanatory legend that does not repeat information given in the text.

**Patient confidentiality:** Illustrations that show recognisable individuals are strongly discouraged and will be considered for publication only where fully justified. In such cases, consent must be obtained from the individual or legal guardian for publication. For portions of the image not essential to the illustration, authors should indicate where it can be cropped.

After acceptance, figures should be supplied in editable format (e.g., .ppt, .xls) to allow editorial modifications.

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**ABBREVIATIONS AND UNITS**

Avoid abbreviations in the title or summary. Abbreviations or unusual terms should be described at the first time of use.

Symbols and units of measure must conform to recognised scientific use, i.e., SI units. For more detailed recommendations, authors may consult the Royal Society of Medicine publication *Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors*.

Designation of diseases must conform to the International Classification of Diseases. Designation of micro-organisms must conform to the names of biology. Proprietary names of drugs, instruments, etc., should be indicated by the use of initial capital letters. Names of instruments should be accompanied by the manufacturer’s name, city, state and country.

**LENGTH OF TEXT**

**Original articles:** text up to 2500 words, a structured summary of 250 words, 7 moderate-sized tables/figures and 35 references.

**Review articles:** text up to 3500 words, a structured or unstructured summary of 250 words, 10 moderate-sized tables/figures and 70 references. Submitted to peer review.

**Editorials:** text up to 500 words and 5 references. Editorials are usually invited.

**Perspectives:** opinion pieces that challenge existing policies or practice or raise unanswered questions. Text up to 2500 words and 15 references.

**Strengthening Research Capacity:** descriptions of activities aimed at strengthening capacity for research, in particular operational and implementation research in low- and middle-income countries. Authors should describe the approach, explain the purposes and usefulness of the research for which capacity is being strengthened, and demonstrate as much as possible the outcomes and impact of the approach described. Text up to 1500 words and 12 references.

**Technical Notes, Short Communications and Notes from the Field:** text up to 1000 words, a summary of 100 words, 2 tables/figures and 10 references. These texts describe programme aspects that are of broad interest to readers: case finding, treatment, supervision, special populations or situations, new solutions, practical ideas, local experience. Format: Situation/setting, Aspect of interest, Discussion, Conclusion.

**Correspondence:** text up to 500 words without tables or figures and 5 references.
PUBLICATION CHARGES

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Supplementary Data: Additional tables and figures may be supplied as a PDF that is published online in association with the article. A charge of 200€ will be applied per 10 pp of Supplementary Data. The PDF should be submitted with the manuscript for review. Authors may also be requested to move overlarge tables/figures to Supplementary Data.

QUALITATIVE RESEARCH

Qualitative articles are welcome in PHA, and the Journal allows a higher word count to accommodate the specific methods used in this research. The usual word count limit may be extended to 3000 words.

PUBLICATION CHARGES

As this is an open access, online journal, all articles accepted for publication (correspondence pieces excepted) incur a publication fee of 1500€. The 1500€ charge covers the cost of reviewing, editing, typesetting and publishing each article. Queries about methods of payment can be directed to the PHA Editorial Office.

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http://mc.manuscriptcentral.com/pha and via www.theunion.org

Full instructions on how to submit an article are given on the Manuscript Central site (click on ‘Instructions and Forms’, and then ‘Online submission instructions’). Please note that if any elements are missing on submission, the article will be unsubmitted and returned to the authors for correction, resulting in delays.

REVISION OF PROOFS

Proofs are sent to the corresponding author by e-mail in PDF format. Authors should fax corrected galley proofs directly to the Editorial Office in Paris within 48 hours of receipt. Only minor corrections should be made.